



## 22ND NATIONAL VETERANS WHEELCHAIR GAMES

### VOLUNTEER APPLICATION

PLEASE PRINT

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SS# \_\_\_\_\_ MALE ☐ FEMALE ☐  
VA EMPLOYEE YES ☐ FACILITY NAME \_\_\_\_\_ MAILING SYMBOL \_\_\_\_\_  
ORGANIZATION/COMPANY \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

Please enter the event code in the time box you wish to volunteer

(event codes are found on reverse side of application)

M ☐ L ☐ XL ☐ XXL ☐

		MORNING	AFTERNOON	EVENING
Monday	July 8, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	July 9, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	July 10, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	July 11, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	July 12, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	July 13, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	July 14, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	July 15, 2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do not write in this space

If your event is full, may we re-assign you? Yes ☐ No ☐

Do you have any physical restrictions that would limit your participation? Yes ☐ NO ☐

If yes, please explain: \_\_\_\_\_

*Volunteer work done by employees of the VA in conjunction with the Games during their normal tour of duty will be considered as part of the job assignment.*

VOLUNTEERS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(If volunteer is under 18, legal guardian must sign below)

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR MORE INFORMATION CALL VOLUNTEER COMMITTEE (440) 526-3030

Lisa Pape, ext. 6971 or Mark Bondeson, ext. 6535

FAX NUMBER (440) 717-2892

APPLICATIONS CAN BE MAILED TO: VETERANS AFFAIRS MEDICAL CENTER

10,000 BRECKSVILLE RD.

BRECKSVILLE, OH 44141

ATTN: LISA PAPE, PRD(B)

